

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40335

STATE FILE NUMBER

FILED NOV 20 1957

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5200

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MENORAH MEDICAL CENTER</b>		Length of stay in lb <b>66</b> yrs.		d. STREET ADDRESS <b>750 W 47th STREET</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>IDA</b> Middle <b>FRIEDSON</b> Last <b>FRIEDSON</b>				4. DATE OF DEATH Month <b>11</b> Day <b>5</b> Year <b>57</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>12-25-90</b>		9. AGE (In years last birthday) <b>66</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ISAAC WHITE</b>		13b. MOTHER'S MAIDEN NAME <b>MILLCENT RHODA</b>		14. NAME OF HUSBAND OR WIFE <b>FRED C. FRIEDSON, deceased</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NUMBER <b>40335</b>		17. INFORMANT <b>MARY WHITE</b>		Address <b>750 W 47th ST.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>atherosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Asian Influenza</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b> <b>6 hours.</b> <b>—</b>	
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
19c. TIME OF INJURY Hour <b>9:20</b> Month, Day, Year <b>11-5-57</b> a.m. p.m.		19d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
19e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		19f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>1951</b> to <b>11-5-57</b> and last saw her <b>alive</b> on <b>11-5-57</b> . Death occurred at <b>4/5/57 9:20 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <b>William Lowe Mundy M.D.</b>			
22b. ADDRESS <b>1103 Grand</b>		22c. DATE SIGNED <b>11-5-57</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>11-7-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>ROSE HILL</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO.</b>	
24. FUNERAL DIRECTOR <b>J.P. LOUIS FUNERAL HOME</b>		ADDRESS <b>K.C. MO.</b>		25. DATE RECD. BY LOCAL REG. <b>11-6-57</b>		26. REGISTRAR'S SIGNATURE <b>Preva Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

William Lowe Mundy, USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed

*Harry Buffington*

Licensed Embalmer No. .... 2756

P. O. Address .... K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.